

## HCQCC Statewide Scorecard to Track Progress on Goals

Goal	Subgoal/Strategy	Measure	2008	2009	National Benchmark		
					Average	Top State	90th %ile
1. Reduce the cost of health care.	A. Reduce the annual rise in health care costs to no more than the unadjusted growth in Gross Domestic Product (GDP) by 2012.	Rate of growth in per capita health care spending (GDP 2.1%)	5.7%		5.9%	4.3% (AZ)	5.2%
	B. Promote cost-efficiency through development of a website providing comparative cost information. Develop a website that will enable consumers to compare the cost of health care procedures at different hospitals and outpatient facilities.	HCQCC has developed MyHealthCare-Options website	Hospital Cost Measures (as of July 2010): <b>INPATIENT:</b> Angioplasty, Back Procedure (2), Bypass Surgery, Cesarean Section, COPD, Gall Bladder, Heart Attack, Heart Failure, Heart Valve Surgery, Hip Replacement, Intestinal Surgery, Knee Replacement, Normal Newborn, Pneumonia, Stroke, Vaginal Delivery, Weight-loss Surgery <b>OUTPATIENT:</b> Cardiac Screening Tests (3), CT Scan (5), Mammogram, MRI (3), Radiation Treatment (3), Ultrasound (2), X-Ray				
	C. Reduce health care spending by preventing the need for avoidable hospital stays.	Medicare 30-day readmissions as a percentage of all admissions	19.3%	19.4%	17.5%	12.9% (OR)	14.4%
2. Ensure patient safety and effectiveness of care.	A. Reduce hospital-associated infections (HAI) during FY 2008. Eliminate hospital-associated infections by 2012.	CLABSI rate	DPH is working on a plan to aggregate current data.				
		SSI					
		Number of hospitals reviewed by DPH infection surveyors with significant findings					
	B. Eliminate "Never Events" as defined by the National Quality Forum. Eliminate events that should never happen in hospitals, such as wrong surgery, wrong site, or wrong patient.	Number of hospitals with SRE's	65	64	N/A		
		Number of SRE's reported by hospitals	338	383			
		Selected - falls	224	199			
		Selected - surgical events	62	76			
		Selected - care management events	26	78			
		Percent of surgical patients receiving appropriate care to prevent complications	76.9%	90.3%	85.3%	92.7% (ME)	90.3%
3. Improve screening for and management of chronic illnesses in the community.	A. Improve chronic and preventive care. Improve care of chronic diseases such as congestive heart failure, diabetes, and asthma.	Diabetes patients with HbA1c - Poor Blood Sugar Control	17.5%		28.4%		18.7%
		Pediatric Asthma ED visit rate (per 100,000 population)	928	839		N/A	
		Adult Asthma ED visit rate (per 100,000 population)	524	493			
		Cholesterol management for patients with cardiovascular conditions (Cholesterol (LDL-C) - Good Control)	67.9%		59.7%	N/A	70.6%
		Persistence of beta blocker treatment 6 months after a heart attack	84.2%		75.0%		85.1%
	B. Reduce disease complication rates, readmission rates, and avoidable hospitalizations.	Diabetes - Avoidable hospitalization rate for patients with long-term diabetes complications (number of admissions per 100,000 population)	126.0		124.9	68.2 (OR)	69.8
		White	105		N/A		
		Black	273				
		Hispanic	107				
		Asthma - Avoidable hospitalization rate - adult (number of admissions per 100,000 population)	156		120.0	59.3 (UT)	N/A
		White	120		N/A		
		Black	336				
		Hispanic	189				
		Heart Disease - Avoidable hospitalization rate - adult (number of admissions per 100,000 population)	416		476.4	229.9 (UT)	263.1
		White	436		N/A		
		Black	578				
		Hispanic	198				

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4. Develop and provide useful measurements of health care quality in areas of health care for which current data are inadequate.	Develop processes and measures to improve adherence to patients' wishes in providing care at the end of life. Ensure that health care providers ask about and follow patients' wishes with respect to invasive treatments, do not resuscitate orders, hospice and palliative care, and other treatments at the end of life.	State status in gaining endorsement from the National POLST Paradigm Task Force	Developing program-Quality and Safety Committee		7 states have an endorsed program		
		Percent of health care settings with a palliative care program					
		Hospitals	50%		53%	100% (VT)	N/A
		Nursing Homes/SNF	N/A		78.1%	N/A	
	Home Health Care	N/A					
5. Eliminate racial and ethnic disparities in health and in access to and utilization of health care; health indicators will be consistent, and consistently improving, across all racial and ethnic groups.	A. Reduce disparities in healthcare associated infections.	Where available, breakdowns of the recommended measures have been provided in their respective goal areas					
	B. Eliminate disparities in Never Events.						
	C. Reduce, and ultimately eliminate, disparities in disease complication rates, readmission rates, and avoidable hospitalizations.						
	D. Reduce disparities in screening and management of chronic illnesses.						
6. Promote quality improvement through transparency.	Promote quality improvement through development of a website and other materials providing comparative quality information.	Average monthly hits to MHCO	551	2,541	N/A		